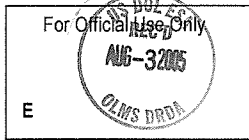


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

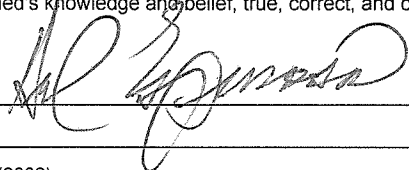
1. File Number U - <u>4320</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Harold</u> <u>J</u> <u>Espinosa</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>817 Vine Street</u> City <u>Hollywood</u> State <u>California</u> ZIP Code + 4 <u>90038</u>	4. Name, file number, and address of labor organization. Name <u>Professional Musicians, Local 47 AFM</u> Labor Organization File Number <u>012-112</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>817 Vine Street</u> City <u>Hollywood</u> State <u>California</u> ZIP Code + 4 <u>90038</u>
5. Position in labor organization. <u></u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value <b>from an employer whose employees your organization represents</b> or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed  On 7/28/2005 (323) 993-3181  
Date Telephone Number

Name of Person Filing **Harold Espinosa**File Number **U-**

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing. 

12.a. Nature of interest held or income received.

12.b. Amount. 

C. **Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State  ZIP Code + 4 

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing **Harold Espinosa**File Number **U-****Part C Continuation Page****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Gay Men's Chorus of Los Angeles**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 235**Street **1125 N. McCadden Place**City **Los Angeles**State **California** ZIP Code + 4 **90038****14.a. Nature of payment.****2 Tickets to Chorus Performance****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.****\$100****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Pasadena Pops Orchestra**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 500**Street **87 N. Raymond Avenue**City **Pasadena**State **California** ZIP Code + 4 **91103****14.a. Nature of payment.****2 Tickets to Orchestra Concert****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.****\$152****C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.**13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).**Name **Snowy World, Inc.**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any **Suite 515**Street **3345 Wilshire Blvd.**City **Los Angeles**State **California** ZIP Code + 4 **90010****14.a. Nature of payment.****2 Tickets to Ballet Performance of "Romeo and Juliet"****13.b. Is the Business an Employer** ☐ **or Consultant** ☐ **?****14.b. Amount of payment.****\$140**

Name of Person Filing <b>Harold Espinosa</b>	File Number <b>U-</b>
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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>JP Morgan</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>1991 Avenue of the Stars</b>  City <b>Los Angeles</b>  State <b>California</b> ZIP Code + 4 <b>90067</b>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px;">           Company reception at Century Plaza         </div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$30</span>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>Kodak Theatre</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>Suite 380</b>  Street <b>6801 Hollywood Blvd.</b>  City <b>Los Angeles</b>  State <b>California</b> ZIP Code + 4 <b>90028</b>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px;">           Theatre Tickets to a production of "The 10 Commandments."         </div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$200</span>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name <b>AFM-EPF</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>One Penn Plaza, Suite 3115</b>  City <b>New York</b>  State <b>New York</b> ZIP Code + 4 <b>10119-3115</b>	<b>14.a. Nature of payment.</b>  <div style="border: 1px solid black; padding: 5px; min-height: 150px;">           Trustee meeting reimbursable expenses.         </div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right; border: 1px solid black; padding: 2px 10px;">\$1,167</span>

Name of Person Filing <b>Harold Espinosa</b>	File Number <b>U-</b>
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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name <input style="width: 80%;" type="text" value="AFM-EPP"/>  Trade Name, if any: <input style="width: 80%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="Suite 3115"/>  Street <input style="width: 80%;" type="text" value="One Penn Plaza"/>  City <input style="width: 80%;" type="text" value="New York"/>  State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10119-3115"/>	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; padding: 5px; min-height: 150px;">         Trustee meeting reimbursable expenses.       </div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right;"><input style="width: 100px;" type="text" value="\$793"/></span>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name <input style="width: 80%;" type="text" value="AFM-EPP"/>  Trade Name, if any: <input style="width: 80%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text" value="Suite 3115"/>  Street <input style="width: 80%;" type="text" value="One Penn Plaza"/>  City <input style="width: 80%;" type="text" value="New York"/>  State <input style="width: 20%;" type="text" value="New York"/> ZIP Code + 4 <input style="width: 20%;" type="text" value="10119-3115"/>	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; padding: 5px; min-height: 150px;">         Trustee meeting reimbursable expenses.       </div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right;"><input style="width: 100px;" type="text" value="\$935"/></span>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name <input style="width: 80%;" type="text"/>  Trade Name, if any: <input style="width: 80%;" type="text"/>  P.O. Box, Bldg., Room No., if any <input style="width: 80%;" type="text"/>  Street <input style="width: 80%;" type="text"/>  City <input style="width: 80%;" type="text"/>  State <input style="width: 20%;" type="text"/> ZIP Code + 4 <input style="width: 20%;" type="text"/>	<b>14.a. Nature of payment.</b> <div style="border: 1px solid black; padding: 5px; min-height: 150px;"></div>
<b>13.b. Is the Business an Employer</b> <input type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b> <span style="float: right;"><input style="width: 100px;" type="text"/></span>